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Entered 4-10-00 - sb
CL 0010203- GWENDOLYN BURNS

CLAIM OF: **EDDIE DENNIS**
417 Barton Drive, Apt. C-1
Forest Park, Georgia 30297

For damages alleged to have been sustained
as a result of a property damage incident on
December 20, 2000 at Fulton County
Airport.

THIS ADVERSED REPORT IS
APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL

ADVISED BY: **REPOF**

COMM. *PS L.A.*

DATE: *5/9/00*

CITY: *C.F. Martin*

CITY: *Denny Adair*

CITY: *Henry Jones*

CITY: *Wendy Davis*

CERTIFIED
MAY 15 2000

CERTIFIED
MAY 15 2000

Rosalind Rubens Newell
MUNICIPAL CLERK

ADVERSED BY
CITY COUNCIL MAY 15 2000



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

June 9, 2000

Eddie Dennis
417 Barton Drive
Apartment C-1
Forest Park, GA 30297

00-R-0627

Dear Mr. Dennis:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on May 15, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0203

Date: April 24, 2000

Claimant /Victim EDDIE DENNIS

BY: (Atty) (Ins. Co.) _____

Address: 417 Barton Drive, Apt. C-1, Forest Park, Georgia 30297

Subrogation: _____ Claim for damages \$ 295.00 Bodily Injury \$ _____

Date of Notice: 3/30/00 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 12/20/99 Place: 210 Warren Street, NE

Department PUBLIC WORKS Division Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that he sustained property damage when his eyeglasses accidentally fell into a sanitary sewer manhole as he was cleaning it. However, the operation of the City sewer system is a governmental function and is, therefore protected by sovereign immunity as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

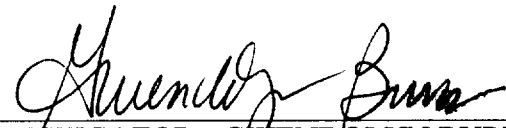
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date _____

Committee Action: _____ Council Action _____

RECEIVED MAR 30 2000

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 3-30-00

Dear Municipal Clerk:

ENTERED - 4-10-00 - SB
00L0203 - GWEN BURNS

BURNS
04/04/00
[Signature]

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 295.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 12-20-99 (month/day/year) 2. Police called: _____ Yes No
3. Location of incident: 210 Warren St. NE
4. Name of your insurance company: _____ Policy No. _____
5. State what and how incident occurred: see attached.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(make) (year) (tag number) (driver's name)

City vehicle: _____
(make) (City driver's name) (department/bureau)

8. Witness: _____
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Eddie Dennis
(claimant's name)
417 Barton Dr. Apt #C-1
(address)
Forest Park, Ga. 30297
(city and state)
4-366-1228 pg. 619 2475
work number home number

Statement of Levon Crum
Statement of Lorenzo Callahan
Re: Eddie Dennis' eyeglasses

On December 20, 2000 Eddie Dennis was cleaning out a manhole, when the eyeglasses he was wearing fell into the manhole. Mr. Dennis proceeded to go to the next manhole to retrieve his glasses. By the time Mr. Dennis arrived at the next manhole, it was too late, his glasses had washed on down the sewer line.

Levon Crum 3-29-00
Signature of person making statement

Lorenzo Callahan 3-29-00
Signature of person making statement